

ARBITRATOR APPLICATION AND OATH

Date: _____

NAME AND ADDRESS

	Phone:
	E-Mail:
	Firm Name:
	Web Address:
Date admitted to practice in Washington:	WSBA #

TRIAL EXPERIENCE & PERCENTAGE OF PRACTICE BY CATEGORY FOR PAST 5 YEARS:

Mark "X" If willing to Arbitrate	Type of Case	% of Practice	# of Trials	# of Times Served as Arbitrator	Comments	Court Approved
	TTO	TORT; includes PI, Prop Damage; Med Mal	%			
	MSC	Breach of Contract; Real Estate; Estate; Commercial & Unlawful Detainer	%			
	COL	Collections	%			
	DIC/ PAT	Family Law/Support modifications/ Paternity	%			

1. Specialty Area of Practice, if any: _____

2. List type(s) of cases which will not be accepted: _____

3. Are you currently on a Mandatory Arbitration panel (as an Arbitrator) in the State of Washington? ____yes; ____no. If yes, state County: _____

4. List Bar Association and Professional Association Memberships: _____

5. Are you currently serving as a pro tem judge/commissioner in the State of Washington? Yes: ____; No: ____; If yes, indicate in which counties you pro tem and what types of cases you preside over: _____

6. List any other information or experience you request be taken into consideration when parties choose an arbitrator: _____

OATH OF ARBITRATOR

I, _____, being first duly sworn, upon my oath do affirm that I will support the Constitution of the United States and the Constitution of the State of Washington and that I will discharge the duties of arbitrator of the Superior Court of the State of Washington pursuant to the laws and rules applicable to arbitrations, to the best of my ability.

(signature)

Printed Name & Bar Number

SUBSCRIBED AND SWORN TO before me this ____ day of _____,
20____.

Notary Public in and for the State of
Washington, residing at _____,
My Commission Expires: _____

Arbitrator Application - Supplemental

(Print Applicant Name)

WSBA # _____

Please respond to the following:

1. Do you have a criminal record as defined by RCW 9.94A.030? Yes: _____; No: _____;
If yes, provide a statement of your criminal history, including State and County of
criminal record, charges and case numbers: _____

2. Do you carry professional liability Insurance? Yes: _____; No: _____. If yes, list the
extent of liability coverage in force covering any errors, omissions and acts of
professional negligence, name of company and policy number: _____

3. Are you now or have you ever been a party in a civil lawsuit? If so, list the State and
County of filing, type of matter, and case number: _____

4. Have you ever been the subject of professional discipline of any type by the W.S.B.A. or
other Bar Association or other professional regulatory body or agency? Yes: _____ ;
No: _____. If yes, please list specific charges/complaints and status or outcome below:

5. Other: _____

Please attach a copy of your WSBA card. Also check the box if attached:

☐ Curriculum vitae;

☐ Completed W-9; (Please only submit if you are a NEW applicant)

☐ Other _____

Applicant Signature

Print Name

Court Use Only

Approved: _____ (date)
By: _____
Arbitrator No.: 4- _____

Denied: _____ (date)
By: _____
Reason: _____